



Greenwood Parks & Recreation Activity Registration Form

Family Name _____

Evening Phone _____

Street Address _____

Daytime Phone _____

City _____ State _____ Zip _____

Emergency Phone _____

City Resident (circle one) Yes No

Participant Name	M/F	Birth Date	Shirt Size	Program Name/Session	Fee

Make Check or Money Order Payable To: Greenwood Parks & Recreation

Mail To: Registration, Greenwood Parks & Recreation, 100 Surina Way, Greenwood, IN 46143

WAIVER STATEMENT (MUST BE SIGNED TO PARTICIPATE)

I recognize that, because of the potentially hazardous nature of this activity, an injury may be sustained. In the event of such an injury to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render treatment as would be normal and I agree to pay the usual charge for such treatment. I now release, and forever discharge the City of Greenwood, the Greenwood Parks and Recreation Board, the Greenwood Parks and Recreation Department, their employees, agents, and assigns, from responsibility for any personal injuries, damage to property, or other loss caused by or having any relation to the activity (including but not limited to liability for negligent maintenance of the premises), whether or not caused by the negligence or fault of a released party. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I acknowledge further that there is no medical reason why my child and/or I cannot or should not participate in the activity. I understand that participants may be videotaped or photographed during this activity. I affirm under penalties of perjury that I am 18 years of age or older and have read this document and understand that it is a release of all claims.

Signature _____ Date _____

Printed Name of Participant: _____